| Fill in this information to identify your case: | | |
|---|---------------------------------|------------------------------------|
| United States Bankruptcy Court for the: | | |
| WESTERN DISTRICT OF NEW YORK | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself | | |
|----|--|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | JOSEPH First name T. Middle name CUNNINGHAM Last name and Suffix (Sr., Jr., II, III) | First name P. Middle name CUNNINGHAM Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-0835 | xxx-xx-2143 |

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ■ I have not used any business name or EINs. |
| | Include trade names and doing business as names | Business name(s) | Business name(s) |
| | | EIN | EIN |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | 5982 Noble Road | |
| | | Ripley, NY 14775 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Chautauqua | |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

| | otor 1 JOSEPH KARI P. C | | _ | | | | | Case number (if known) | | |
|-----|---|-----------------|----------------------|---|---|---|--|---|------|--|
| Par | rt 2: Tell the Cou | rt About \ | Your Bank | ruptcy Ca | ase | | | | | |
| 7. | The chapter of the | e you are | | | | of each, see <i>Notic</i> page 1 and check | | by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy riate box. | , | |
| | choosing to file t | under | ☐ Chapter 7 | | | | | | | |
| | | | ☐ Chap | ter 11 | | | | | | |
| | | | ☐ Chap | ter 12 | | | | | | |
| | | | ■ Chap | ter 13 | | | | | | |
| 8. | How you will pay | the fee | abo | out how yo | ou may pay. Typio attorney is subm | cally, if you are pa | aying the fee | neck with the clerk's office in your local court for more deta e yourself, you may pay with cash, cashier's check, or more behalf, your attorney may pay with a credit card or check v | ney | |
| | | | | | | allments. If you c | | ption, sign and attach the Application for Individuals to Pa | У | |
| | | | ☐ I re but app | equest that is not required to solve | at my fee be waiv uired to, waive your family size and | ived (You may red our fee, and may d you are unable | quest this opti do so only if y to pay the fee | otion only if you are filing for Chapter 7. By law, a judge may your income is less than 150% of the official poverty line e in installments). If you choose this option, you must fill official Form 103B) and file it with your petition. | that | |
| 9. | Have you filed for | | ■ No. | | | | | | | |
| | bankruptcy withi last 8 years? | n the | ☐ Yes. | | | | | | | |
| | - | | | District | | W | hen | Case number | | |
| | | | | District | | W | hen | Case number | | |
| | | | | District | | W | hen | Case number | | |
| 10. | Are any bankrup cases pending o filed by a spouse | r being | ■ No | | | | | | | |
| | not filing this cas you, or by a busi partner, or by an affiliate? | se with ness | □ res. | | | | | | | |
| | | | | Debtor | | | | Relationship to you | | |
| | | | | District | | W | hen | Case number, if known | | |
| | | | | Debtor | | 10/ | han | Relationship to you | | |
| | | | | District | | vv | hen | Case number, if known | | |
| 11. | Do you rent your residence? | • | ■ No. | Go to I | ine 12. | | | | | |
| | | | ☐ Yes. | Has yo | our landlord obtain | ined an eviction ju | ıdgment agair | inst you? | | |
| | | | | | No. Go to line 1 | 2. | | | | |
| | | | | | Yes. Fill out <i>Inita</i> this bankruptcy | | out an Evictioi | on Judgment Against You (Form 101A) and file it as part o | of | |

| | tor 1 JOSEPH T. CUNN tor 2 KARI P. CUNNING | | | | Case number (if known) | | |
|--|---|---|-----------|--|--|--|--|
| Par | t 3: Report About Any Bu | ısinesses | You Own | as a Sole Propriet | tor | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | |
| | | ☐ Yes. | Name | and location of bus | iness | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | of business, if any | | | |
| If you have more than one sole proprietorship, use a | | | Numb | er, Street, City, Stat | te & ZIP Code | | |
| | separate sheet and attach it to this petition. | | Chec | k the appropriate bo. | x to describe your business: | | |
| | | | | Health Care Busin | ness (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | Stockbroker (as de | efined in 11 U.S.C. § 101(53A)) | | |
| | | | | Commodity Broke | r (as defined in 11 U.S.C. § 101(6)) | | |
| | | | | None of the above | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor or a debtor as defined by 11 U.S.C. § 1182(1)? | he proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor of you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operation cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U. § 116(1)(B). | | | can set appropriate deadlines. If you indicate that you are a small business debtor or bchapter V, you must attach your most recent balance sheet, statement of operations, ne tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. | | |
| | For a definition of small | ■ No. | I am r | not filing under Chap | oter 11. | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. | | | |
| | | ☐ Yes. | | | 11, I am a small business debtor according to the definition in the Bankruptcy Code, and d under Subchapter V of Chapter 11. | | |
| | | ☐ Yes. | | | 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I Subchapter V of Chapter 11. | | |
| Par | Report if You Own or | Have Any | / Hazardo | ous Property or An | y Property That Needs Immediate Attention | | |
| 14. | Do you own or have any | ■ No. | | | | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is | the hazard? | | | |
| | public health or safety? | | | | | | |
| | Or do you own any property that needs immediate attention? | | | liate attention is why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? | | | |
| | | | | | Number, Street, City, State & Zip Code | | |
| | | | | | | | |

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| | otor 1 JOSEPH T. CUNN otor 2 KARI P. CUNNING | | I | Case numbe | 「 (if known) | | |
|-----|--|---|--|---|--|--|--|
| Par | t 6: Answer These Quest | ions for R | Reporting Purposes | | | | |
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." | | | | |
| | | | ☐ No. Go to line 16b. | | | | |
| | | | Yes. Go to line 17. | | | | |
| | | 16b. | | siness debts? Business debts are debts to the transfer of the business debts are debts to the business debts are debts to the business debts. | | | |
| | | | ☐ No. Go to line 16c. | 9 | | | |
| | | | ☐ Yes. Go to line 17. | | | | |
| | | 16c. | State the type of debts you ow | re that are not consumer debts or busines | s debts | | |
| 17. | Are you filing under Chapter 7? | ■ No. | I am not filing under Chapter 7 | '. Go to line 18. | | | |
| | Do you estimate that after any exempt property is excluded and | | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expen are paid that funds will be available to distribute to unsecured creditors? | | | | |
| | administrative expenses | | □ No | | | | |
| | be available for distribution to unsecured creditors? | | ☐ Yes | | | | |
| 18. | How many Creditors do you estimate that you | ☐ 1-49 | | ☐ 1,000-5,000 | 25,001-50,000 | | |
| | owe? | ■ 50-99 | | ☐ 5001-10,000 ☐ 10,001-25,000 | ☐ 50,001-100,000 ☐ More than100,000 | | |
| | | ☐ 200-9 | | — 10,001 20 ,000 | _ inicio dialitico,coc | | |
| 19. | How much do you estimate your assets to | □ \$0 - \$ | • | □ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | |
| | be worth? | | 001 - \$100,000 ,001 - \$500,000 | ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion | | |
| | | | ,001 - \$300,000 ,001 - \$1 million | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | |
| 20. | How much do you estimate your liabilities | □ \$0 - \$50,000 □ \$50,000 | | □ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | |
| | to be? | | 001 - \$100,000 ,001 - \$500,000 | ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion | | |
| | | | ,001 - \$1 million | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | |
| Par | t 7: Sign Below | | | | | | |
| For | you | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. | | | | | |
| | | If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. | | | | | |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | |
| | | I reques | t relief in accordance with the ch | apter of title 11, United States Code, spec | cified in this petition. | | |
| | | | tcy case can result in fines up to | concealing property, or obtaining money o \$250,000, or imprisonment for up to 20 y | r property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519 | | |
| | | /s/ JOS | EPH T. CUNNINGHAM | /s/ KARI P. CUN | | | |
| | | JUSEP | H T. CUNNINGHAM | KARI P. CUNNIN | IGRAN | | |

Signature of Debtor 2

Executed on August 26, 2021 MM / DD / YYYY

Signature of Debtor 1

Executed on August 26, 2021 MM / DD / YYYY

| Debtor 1 | JOSEPH T. CUNNINGHAM | | |
|----------|----------------------|------------------------|--|
| Debtor 2 | KARI P. CUNNINGHAM | Case number (if known) | |
| | | _ | |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Scott F. Humble, Esq. Signature of Attorney for Debtor | Date | August 26, 2021 MM / DD / YYYY |
|--|---------------|--------------------------------|
| Scott F. Humble, Esq. | | |
| Scott F. Humble, Esq. Firm name | | |
| Seven Jackson Avenue, W. E. Jamestown, NY 14701 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone | Email address | |
| Bar number & State | | |

| Fill | in this information to identify your case: | | |
|---------------------|--|------------|---------------------------------|
| Del | otor 1 JOSEPH T. CUNNINGHAM | | |
| Del | First Name Middle Name Last Name otor 2 KARI P. CUNNINGHAM | | |
| (Spc | First Name Middle Name Last Name | | |
| Uni | ted States Bankruptcy Court for the: WESTERN DISTRICT OF NEW YORK | | |
| | se number | _ | ck if this is an nded filing |
| ~ . | # | | |
| | ficial Form 106Sum mmary of Your Assets and Liabilities and Certain Statistical Information | | 12/15 |
| Be a info you | as complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | | ing correct |
| Гаі | Summarize Tour Assets | Varia | |
| | | | assets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 64,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 47,970.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 111,970.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | liabilities |
| | | Amou | nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 188,399.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 134,524.00 |
| | Your total liabilities | \$ | 322,923.00 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 5,698.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 4,960.00 |
| Par | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with yo | ur other s | chedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a persona | ıl, family, or |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this the court with your other schedules. | s box and | submit this form to |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

8,500.00

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total cla | aim |
|--|-----------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 76,789.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 76,789.00 |

| Chautau | qua | □ Debtor 2 only ■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another Other information you wish to add about this itemproperty identification number: ASSESSED AT \$64,000.00. | ☐ Check if this is com (see instructions) n, such as local | nmunity property | |
|-------------------------|--|--|---|--|--|
| | qua | ■ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | (see instructions) | nmunity property | |
| | qua | | Check if this is com | nmunity property | |
| Chautau | qua | Debtor 2 only | | | |
| | | | | | |
| | | ☐ Other Who has an interest in the property? Check one ☐ Debtor 1 only | (such as fee simple, ten a life estate), if known. FEE SIMPLE | ancy by the entireties, or | |
| • | | Timeshare | Describe the nature of y | | |
| Ripley | NY 14775-0000 State ZIP Code | ☐ Land ☐ Investment property | Current value of the entire property? \$64,000.00 | Current value of the portion you own? \$64,000.00 | |
| | | Manufactured or mobile home | | | |
| | | Condominium or cooperative | Greditors with mave Claff | ns secured by Property. | |
| | s, if available, or other description | Duplex or multi-unit building | the amount of any secure | unt of any secured claims on Schedule D: s Who Have Claims Secured by Property. | |
| 1.1 5982 No l | ble Road | What is the property? Check all that apply Single-family home | Do not deduct secured cla | aims or exemptions. Dut | |
| Yes. Where | e is the property? | | | | |
| Do you own or | , , | ny residence, building, land, or similar property? | | | |
| Part 1: Describe | e Each Residence, Building, Land, or Oth | ner Real Estate You Own or Have an Interest In | | | |
| ink it fits best. | Be as complete and accurate as possible ore space is needed, attach a separate sh | e. If two married people are filing together, both are neet to this form. On the top of any additional pages | equally responsible for su | pplying correct | |
| | le A/B: Property | an asset only once. If an asset fits in more than one | category, list the asset in | 12/15 | |
| | orm 106A/B | | | | |
| Case number | | | | Check if this is a amended filing | |
| Jnited States B | Bankruptcy Court for the: WESTERN | DISTRICT OF NEW YORK | | | |
| Spouse, if filing) | First Name Middle | | | | |
| Debtor 2 | KARI P. CUNNINGHAM | ranie Last Name | | | |
| Johtor 2 | JOSEPH T. CUNNINGHAM First Name Middle | Name Last Name | | | |
| Debtor 1 | | | | | |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

| Debto Debto | - | OSEPH T. CUNNINGHAM ARI P. CUNNINGHAM | (| Case number <i>(if known)</i> | |
|----------------|-----------|--|--|--|--|
| . Ca | rs, vans, | trucks, tractors, sport utility ve | Phicles, motorcycles | | |
| | Nο | | | | |
| _ | Yes | | | | |
| | . 00 | | | | |
| 3.1 | Make: | Ford | Who has an interest in the property? Check one | Do not deduct secured cl | |
| | Model: | F250 XLT | Debtor 1 only | the amount of any secure Creditors Who Have Clair | |
| | Year: | 2010 | Debtor 2 only | Current value of the | Current value of the |
| | Approxin | nate mileage: 158,000 | ■ Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other inf | ormation: | \square At least one of the debtors and another | | |
| | | | ☐ Check if this is community property (see instructions) | \$15,450.00 | \$15,450.00 |
| 3.2 | Make: | Chrysler | Who has an interest in the property? Check one | | |
| J. <u>_</u> | mano. | Town and Country | The had an interest in the property. Check one | Do not deduct secured cl the amount of any secure | |
| | Model: | Touring | Debtor 1 only | Creditors Who Have Clair | ms Secured by Property. |
| | Year: | 2014 | Debtor 2 only | Current value of the | Current value of the |
| | | nate mileage: 116000 | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| | Other inf | ormation: | At least one of the debtors and another | | |
| | | | Check if this is community property (see instructions) | \$11,675.00 | \$11,675.00 |
| 3.3 | Make: | Ford | Who has an interest in the property? Check one | Do not deduct secured cl | aims or exemptions. Put |
| 3.3 | Model: | Ranger | Debtor 1 only | the amount of any secure Creditors Who Have Clair | |
| | Year: | 1997 | Debtor 2 only | | |
| | Approxin | nate mileage: 150000 | ■ Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | | ormation: | ☐ At least one of the debtors and another | | 7 |
| | | | ☐ Check if this is community property (see instructions) | \$300.00 | \$300.00 |
| Exa | mples: B | | | and accessories | \$300 |
| 4.1 | Make: | Polaris | Who has an interest in the property? Check one | Do not deduct secured cl | aims or exemptions. Put |
| | Model: | Ranger 1000xp | Debtor 1 only | the amount of any secure Creditors Who Have Clair | |
| | Year: | 2019 | Debtor 2 only | | |
| | | | ■ Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | Other inf | ormation: | ☐ At least one of the debtors and another | | |
| | 4 Whe | eler; SURRENDER | ☐ Check if this is community property (see instructions) | \$14,500.00 | \$14,500.00 |
| 4.2 | Make: | Artic Cat 90 | Who has an interest in the property? Check one | Do not deduct secured cl | |
| | Model: | | Debtor 1 only | the amount of any secure Creditors Who Have Clair | |
| | Year: | | Debtor 2 only | | |
| | | | ■ Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | Other inf | ormation: | ☐ At least one of the debtors and another | - · · | - |
| | 4 whee | aler | ☐ Check if this is community property | \$3,000.00 | \$3,000.00 |
| | AAIIG6 | J. J | (see instructions) | | |

| Debtor Debtor | | _ | Case number | (if known) |
|---------------------|--|--|-----------------------------------|---|
| | | ortion you own for all of your entries from I Part 2. Write that number here | | |
| Part 3: | Describe Your Personal ar | d Household Items | | |
| | | or equitable interest in any of the following i | tems? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| <i>Exa</i> . □ N | 0 | hings urniture, linens, china, kitchenware | | |
| Y | es. Describe | | | |
| | fur Ian | ove, refrigerator, silverware, cookware, niture, dining room furniture, tables an nps, bedroom furniture, lawn furniture, crowave | d chairs, TV, radio, | \$250.00 |
| □N | mples: Televisions and rad including cell phon | dios; audio, video, stereo, and digital equipmen es, cameras, media players, games | it; computers, printers, scanners | s; music collections; electronic devices |
| | TV | VCR, DVD player, computer, CD's, DV | D's | \$300.00 |
| Exa. N Y 9. Equi | other collections, r o es. Describe pment for sports and ho mples: Sports, photograph musical instrumen | ic, exercise, and other hobby equipment; bicyc | | |
| ■ N □ Y | o es. Describe | | | |
| □N | amples: Pistols, rifles, sho | tguns, ammunition, and related equipment | | |
| | 1 P | istol, 4 Rifles, 3 Shotguns | | \$700.00 |
| | amples: Everyday clothes | furs, leather coats, designer wear, shoes, account | essories | |
| | We | aring apparel | | \$200.00 |
| | amples: Everyday jewelry | costume jewelry, engagement rings, wedding | rings, heirloom jewelry, watches | s, gems, gold, silver |
| | 2 W | /atches and Wedding Set | | \$400.00 |
| | | ratorios ana Medaling Set | | Ψ-τ00.00 |

| Debtor 1 Debtor 2 | JOSEPH T. CUNNIN KARI P. CUNNINGH | | Case number (if know | n) |
|--|---|---------------------|---|---|
| Exam ■ No | arm animals oples: Dogs, cats, birds, hor Describe | ses | | |
| ■ No | ther personal and housel . Give specific information. | - | not already list, including any health aids you did not list | |
| | | | Part 3, including any entries for pages you have attached | \$1,850.00 |
| Part 4: De | escribe Your Financial Asset | s | | |
| | wn or have any legal or e | | any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No □ Yes. 17. Depos Exam | sits of money | other financial acc | ome, in a safe deposit box, and on hand when you file your pe | |
| | 17.1. | Checking | Southern Chautauqa FCU | \$1,098.00 |
| | 17.2. | Savings | Southern Chautauqa FCU | \$62.00 |
| | 17.3. | Checking | Southern Chautauqa FCU | \$0.00 |
| | 17.4. | Checking | Southern Chautauqa FCU | \$3.00 |
| | 17.5. | Savings | Southern Chautauqa FCU | \$0.00 |
| | 17.6. | Checking | Inner Lakes FCU | \$4.00 |
| | 17.7. | Checking | Inner Lakes FCU | \$8.00 |
| | | | | |

Official Form 106A/B

Schedule A/B: Property

Inner Lakes FCU

Community Bank

\$20.00

\$0.00

17.8. Savings

17.9. Checking

| | ebtor 1 ebtor 2 | JOSEPH T. CUNN KARI P. CUNNING | - | Case number (if known) | |
|-----|------------------------------|--|---|---|---|
| | Bonds | , mutual funds, or pul | olicly traded stocks | brokerage firms, money market accounts | |
| | ■ No | pies. Bolia lalias, lilves | imeni accounts with b | biokerage limis, money market accounts | |
| | | | Institution or issue | er name: | |
| 19. | joint v | ublicly traded stock a venture | nd interests in incor | rporated and unincorporated businesses, including an interes | t in an LLC, partnership, and |
| | ■ No | | | | |
| | ⊔ Yes. | Give specific informati | on about them Name of entity: | % of ownership: | |
| 20. | Negot | iable instruments includ | le personal checks, c | gotiable and non-negotiable instruments ashiers' checks, promissory notes, and money orders. transfer to someone by signing or delivering them. | |
| | ☐ Yes. | Give specific information | on about them Issuer name: | | |
| | <i>Exam_l</i> □ No | • | RISA, Keogh, 401(k), | , 403(b), thrift savings accounts, or other pension or profit-sharing | plans |
| | ■ Yes. | List each account sepa Tyl | arately. se of account: | Institution name: | |
| | | Pe | nsion | New York State Pension | Unknown |
| | | _ | | | |
| | | Pe | nsion | New York State Teachers | Unknown |
| | Your s | | osits you have made | so that you may continue service or use from a company at, public utilities (electric, gas, water), telecommunications compar | nies, or others |
| | | | | Institution name or individual: | |
| 23. | Annuit ■ No | ties (A contract for a pe | riodic payment of mo | oney to you, either for life or for a number of years) | |
| | ☐ Yes. | lssuer n | ame and description. | | |
| 24. | Interes: 26 U.S. | ts in an education IRA C. §§ 530(b)(1), 529A(| A, in an account in a b), and 529(b)(1). | qualified ABLE program, or under a qualified state tuition pro | gram. |
| | Yes. | Institutio | on name and descripti | ion. Separately file the records of any interests.11 U.S.C. § 521(c): | |
| 25. | Trusts ■ No | , equitable or future in | nterests in property | (other than anything listed in line 1), and rights or powers exe | rcisable for your benefit |
| | ☐ Yes. | Give specific informati | on about them | | |
| 26. | | | | and other intellectual property eeds from royalties and licensing agreements | |
| | ■ No □ Yes. | Give specific informati | on about them | | |
| | Licens | ses, franchises, and o | ther general intangib | bles operative association holdings, liquor licenses, professional licens | 00 |
| | ■ No | | | oporanto associanion noidings, nydon noenses, professional incens | |
| | ⊔ Yes. | Give specific informati | on about them | | |
| М | oney or | property owed to you | ? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | | | | | oldinio or oxomptions. |

Official Form 106A/B Schedule A/B: Property page 5

| | ebtor 1 ebtor 2 | JOSEPH T. CUNNINGHAM KARI P. CUNNINGHAM | Case number (if known) | |
|-----|--------------------|---|--|----------------------------|
| 28 | . Tax ref | inds owed to you | | |
| | ■ No □ Yes. | Sive specific information about them, including whet | her you already filed the returns and the tax years | |
| 29 | ■ No | | , child support, maintenance, divorce settlement, property | settlement |
| 30 | Examp ■ No | benefits; unpaid loans you made to someone el | isability benefits, sick pay, vacation pay, workers' comper se | sation, Social Security |
| | ☐ Yes. | Give specific information | | |
| 31. | | s in insurance policies es: Health, disability, or life insurance; health saving | gs account (HSA); credit, homeowner's, or renter's insuran | ce |
| | ☐ Yes. I | lame the insurance company of each policy and list Company name: | tits value. Beneficiary: | Surrender or refund value: |
| 32 | If you a someo | erest in property that is due you from someone were the beneficiary of a living trust, expect proceeds the has died. Give specific information | who has died from a life insurance policy, or are currently entitled to rece | ive property because |
| 33 | Examp ■ No | against third parties, whether or not you have files: Accidents, employment disputes, insurance clai Describe each claim | | |
| 34 | ■ No | | re, including counterclaims of the debtor and rights to | set off claims |
| | | Describe each claim | | |
| 35 | ■ No | Incial assets you did not already list Give specific information | | |
| 36 | | e dollar value of all of your entries from Part 4, interest that number here | including any entries for pages you have attached | \$1,195.00 |
| Pa | art 5: Des | cribe Any Business-Related Property You Own or Have | e an Interest In. List any real estate in Part 1. | |
| | | wn or have any legal or equitable interest in any busing | ess-related property? | |
| | ☐ Yes. G | o to line 38. | | |
| Pa | | cribe Any Farm- and Commercial Fishing-Related Prop u own or have an interest in farmland, list it in Part 1. | erty You Own or Have an Interest In. | |
| 46 | No. | Go to Part 7. | ny farm- or commercial fishing-related property? | |
| | Yes. | Go to line 47. | | |

| | otor 1 otor 2 | JOSEPH T. CUNNINGHAM KARI P. CUNNINGHAM | | Case number (if known) | |
|------|------------------|---|-------------------|------------------------------|-------------|
| Part | 7: | Describe All Property You Own or Have an Interest in That You D | id Not List Above | | |
| _ | | have other property of any kind you did not already list? les: Season tickets, country club membership | | | |
| | _ | Give specific information | | | |
| 54. | Add th | ne dollar value of all of your entries from Part 7. Write that | number here | | \$0.00 |
| Part | 8: | List the Totals of Each Part of this Form | | | |
| 55. | Part 1 | : Total real estate, line 2 | | | \$64,000.00 |
| 56. | Part 2 | : Total vehicles, line 5 | \$44,925.00 | _ | |
| 57. | Part 3 | : Total personal and household items, line 15 | \$1,850.00 | | |
| 58. | Part 4 | : Total financial assets, line 36 | \$1,195.00 | | |
| 59. | Part 5 | : Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6 | : Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7 | : Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total | personal property. Add lines 56 through 61 | \$47,970.00 | Copy personal property total | \$47,970.00 |

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$111,970.00

| Fill in this info | mation to identify your | | | |
|---------------------|---------------------------|---------------------------|---|--|
| Debtor 1 | JOSEPH T. CUNN | | | |
| Debior 1 | First Name | Middle Name | Last Name | |
| Debtor 2 | KARI P. CUNNING | GHAM | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | WESTERN DISTRICT (| OF NEW YORK | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| Official Fo | orm 106C | | | |
| Schedul | le C: The Pro | operty You C | Claim as Exempt | 4/19 |
| Be as complete a | and accurate as possible. | If two married people are | filing together, both are equally responsible | for supplying correct information. Using |

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | art 1: Identify the Property You Claim as I | Exempt | | | |
|----|---|--------------------------------------|--|---|------------------------------------|
| 1. | Which set of exemptions are you claiming | ? Check one only, eve | n if yo | ur spouse is filing with you. | |
| | ☐ You are claiming state and federal nonbar | nkruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | |
| | ■ You are claiming federal exemptions. 11 | U.S.C. § 522(b)(2) | | | |
| 2. | For any property you list on Schedule A/E | that you claim as exe | empt, | fill in the information below. | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | ne value from Check only one box for each exemption. | | |
| | 2010 Ford F250 XLT 158,000 miles | \$15,450.00 | | \$2,202.00 | 11 U.S.C. § 522(d)(2) |
| | Line from Scneaule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 1997 Ford Ranger 150000 miles Line from Schedule A/B: 3.3 | \$300.00 | | \$300.00 | 11 U.S.C. § 522(d)(2) |
| | Line Holli Schedule Arb. 3.3 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Artic Cat 90 | \$3,000.00 | | \$3,000.00 | 11 U.S.C. § 522(d)(5) |
| | 4 wheeler Line from Schedule A/B: 4.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Stove, refrigerator, silverware, | \$250.00 | | \$250.00 | 11 U.S.C. § 522(d)(3) |
| | cookware, dishes, living room furniture, dining room furniture, tables and chairs, TV, radio, lamps, bedroom furniture, lawn furniture, washer, dryer, microwave Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |

| Brief description of the property and line on Schedule A/B that lists this property | | Current value of the Amount of the exemption you claim portion you own | | Specific laws that allow exemption | |
|--|--|--|---------|---|------------------------|
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | TV, VCR, DVD player, computer, CD's, DVD's | \$300.00 | | \$300.00 | 11 U.S.C. § 522(d)(3) |
| | Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 1 Pistol, 4 Rifles, 3 Shotguns Line from Schedule A/B: 10.1 | \$700.00 | | \$700.00 | 11 U.S.C. § 522(d)(5) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | Wearing apparel Line from Schedule A/B: 11.1 | \$200.00 | | \$200.00 | 11 U.S.C. § 522(d)(3) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | 2 Watches and Wedding Set Line from Schedule A/B: 12.1 | \$400.00 | | \$400.00 | 11 U.S.C. § 522(d)(4) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | Checking: Southern Chautauqa FCU Line from Schedule A/B: 17.1 | \$1,098.00 | | \$1,098.00 | 11 U.S.C. § 522(d)(5) |
| | Elle Holli Golloddie 772. TTT | | | 100% of fair market value, up to any applicable statutory limit | |
| | Savings: Southern Chautauqa FCU Line from Schedule A/B: 17.2 | \$62.00 | | \$62.00 | 11 U.S.C. § 522(d)(5) |
| | Ello Holli Golloddio 772: 1112 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Checking: Southern Chautauqa FCU Line from Schedule A/B: 17.4 | \$3.00 | | \$3.00 | 11 U.S.C. § 522(d)(5) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | Checking: Inner Lakes FCU Line from Schedule A/B: 17.6 | \$4.00 | | \$4.00 | 11 U.S.C. § 522(d)(5) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | Pension: New York State Pension Line from Schedule A/B: 21.1 | Unknown | | \$0.00 | 11 U.S.C. § 522(d)(12) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | Pension: New York State Teachers Line from Schedule A/B: 21.2 | Unknown | | \$0.00 | 11 U.S.C. § 522(d)(12) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every | | | led on or after the date of adjustme | nt.) |
| | Yes. Did you acquire the property covere | ed by the exemption wi | ithin 1 | ,215 days before you filed this case | ? |
| | □ No □ Yes | | | | |

| Debtor 2 KA | SEPH T. CUI Name RI P. CUNNI Name | Middle Name Last Name | | - | |
|---|--|--|--|--|-------------------|
| Debtor 2 KA (Spouse if, filing) First United States Bankrupte | RI P. CUNNI | | | | |
| (Spouse if, filing) First United States Bankrupt | | NGHAM | | | |
| United States Bankrupt | Name | Middle Name Last Name | | - | |
| · | | | | | |
| Case number | cy Court for the | : WESTERN DISTRICT OF NEW YORK | | - | |
| | | | | | |
| (if known) | _ | if this is an | | | |
| | | | | ameno | ded filing |
| Official Form 10 | SD | | | | |
| | | Who Have Claims Secure | d by Propert | V | 12/15 |
| Scriedale D. (| Cultors | Who have claims secure | a by Fropert | <u>y </u> | 12/13 |
| | | If two married people are filing together, both are ed out, number the entries, and attach it to this form. O | | | |
| number (if known). | onarr age, mrit | out, number the entires, and attach it to this form. O | in the top of any addition | nai pages, write your na | ine and case |
| 1. Do any creditors have c | laims secured b | y your property? | | | |
| ☐ No. Check this b | ox and submit t | his form to the court with your other schedules. Y | ou have nothing else | to report on this form. | |
| Yes. Fill in all of | he information | below. | | | |
| Part 1: List All Secu | red Claims | | | | |
| | | more than one secured claim, list the creditor separately | , Column A | Column B | Column C |
| for each claim. If more tha | n one creditor has | s a particular claim, list the other creditors in Part 2. As | Amount of claim | Value of collateral | Unsecured |
| much as possible, list the c | laims in alphabet | cal order according to the creditor's name. | Do not deduct the value of collateral. | that supports this claim | portion If any |
| 2.1 21st Mortgage | Corp | Describe the property that secures the claim: | \$143,639.00 | \$64,000.00 | \$79,639.00 |
| Creditor's Name | | 5982 Noble Road Ripley, NY 14775 | | | |
| | | Chautauqua County | | | |
| Attn: Bankrupt | • | ASSESSED AT \$64,000.00. As of the date you file, the claim is: Check all that | | | |
| 620 Market Stre | | apply. | | | |
| Knoxville, TN 3 | | Contingent | | | |
| Number, Street, City, St | ate & Zip Code | Unliquidated | | | |
| Who owes the debt? Ch | aak ana | ☐ Disputed Nature of lien. Check all that apply. | | | |
| _ | eck one. | <u> </u> | | | |
| ☐ Debtor 1 only ☐ Debtor 2 only | | An agreement you made (such as mortgage or se car loan) | cured | | |
| ■ Debtor 1 and Debtor 2 | nnly | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debt | | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim rel | | Other (including a right to offset) | | | |

1970

Last 4 digits of account number

Date debt was incurred Active 07/21

| Debtor 1 JOSEPH T. CUNNINGHAM | | | Case number (if known) | | | | | | |
|-------------------------------|-------------------------------------|----------------------------|---|-------------|-------------|------------|--|--|--|
| 5 | First Name | Middle Na | ame Last Name | | | | | | |
| Debtor | 2 KARI P. C | UNNINGHAM Middle Na | ame Last Name | | | | | | |
| | i iist ivaille | Wildule No | anie Last Name | | | | | | |
| 2.2 F | reedom Road | d Financial | Describe the property that secures the claim: | \$18,807.00 | \$14,500.00 | \$4,307.00 | | | |
| | editor's Name | | 2019 Polaris Ranger 1000xp 4 Wheeler; SURRENDER | | | | | | |
| | ttn: Bankrup | tcy | As of the date you file, the claim is: Check all that | | | | | | |
| | o Box 4597 ak Brook, IL | 60522 | apply. | | | | | | |
| | ımber, Street, City, S | | ☐ Contingent ☐ Unliquidated | | | | | | |
| INC | imber, Street, City, S | state & Zip Code | ☐ Disputed | | | | | | |
| Who ov | ves the debt? | Check one. | Nature of lien. Check all that apply. | | | | | | |
| ☐ Debt | or 1 only | | An agreement you made (such as mortgage or s | secured | | | | | |
| | or 2 only | | car loan) | Scourcu | | | | | |
| ■ Debt | or 1 and Debtor 2 | 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | | | | |
| ☐ At le | ast one of the deb | otors and another | ☐ Judgment lien from a lawsuit | | | | | | |
| | ck if this claim re nmunity debt | elates to a | Other (including a right to offset) | | | | | | |
| | | Opened 11/19 Last | | | | | | | |
| Date de | bt was incurred | Active 5/06/21 | Last 4 digits of account number 0274 | İ | | | | | |
| Date de | bt was incurred | 3/00/21 | Last 4 digits of account number | | | | | | |
| e | OUTHERN | | | | | | | | |
| 12315 | HAUTAUQU | A FCU | Describe the property that secures the claim: | \$13,248.00 | \$15,450.00 | \$0.00 | | | |
| | editor's Name | | 2010 Ford F250 XLT 158,000 miles | | | | | | |
| | | | | | | | | | |
| | | | As of the date you file, the claim is: Check all that | | | | | | |
| | 68 FAIRMOU | | apply. | | | | | | |
| | akewood, NY | | Contingent | | | | | | |
| Nu | umber, Street, City, S | State & Zip Code | ☐ Unliquidated | | | | | | |
| Who ov | ves the debt? | heck one | Disputed Nature of lien. Check all that apply. | | | | | | |
| _ | or 1 only | nieck one. | _ | | | | | | |
| | or 2 only | | An agreement you made (such as mortgage or s car loan) | secured | | | | | |
| _ | or 1 and Debtor 2 | 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | | | | |
| | | otors and another | ☐ Judgment lien from a lawsuit | | | | | | |
| ☐ Che | ck if this claim re nmunity debt | | Other (including a right to offset) | | | | | | |
| | | Opened | | | | | | | |
| | bt was incurred | 03/20 Last Active 07/21 | Last 4 digits of account number 0001 | 1 | | | | | |

| Deptor 1 JOSEPH I | I. CUNNINGHA | NIVI | Case number (if known) | | | |
|--|--------------------------------------|--|------------------------|-------------|------------|--|
| First Name | Middle Na | ame Last Name | | | | |
| Debtor 2 KARI P. C | UNNINGHAM | | | | | |
| First Name | Middle N | ame Last Name | | | | |
| COUTUEDN | | | | | | |
| 2.4 SOUTHERN CHAUTAUQU | A FCU | Describe the property that secures the claim: | \$12,705.00 | \$11,675.00 | \$1,030.00 | |
| Creditor's Name | | 2014 Chrysler Town and Country | | _ | | |
| | | Touring 116000 miles | | | | |
| 168 East Fairn LAKEWOOD, I | | As of the date you file, the claim is: Check all that apply. Contingent | J | | | |
| Number, Street, City, S | State & Zip Code | ☐ Unliquidated | | | | |
| | | Disputed | | | | |
| Who owes the debt? | heck one. | Nature of lien. Check all that apply. | | | | |
| ☐ Debtor 1 only ☐ Debtor 2 only | | An agreement you made (such as mortgage or secured car loan) | | | | |
| ■ Debtor 1 and Debtor 2 | ? only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | | |
| ☐ At least one of the deb | otors and another | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim re community debt | elates to a | Other (including a right to offset) | | | | |
| Date debt was incurred | Opened 03/20 Last Active 07/21 | Last 4 digits of account number 0002 | 2 | | | |
| | 7.50170 07721 | | | | | |
| Add the dollar value of | f your entries in C | olumn A on this page. Write that number here: | \$188,399. | 00 | | |
| If this is the last page Write that number here | | the dollar value totals from all pages. | \$188,399. | 00 | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| Fill in thi | s information to identify | our case: | | | |
|--|--|---|---|---|--|
| Debtor 1 | IOSEPH T. C | UNNINGHAM | | | |
| DODIO! ! | First Name | Middle Name | Last Name | | |
| Debtor 2 | KARI P. CUN | NINGHAM | | | |
| (Spouse if, f | iling) First Name | Middle Name | Last Name | | |
| United St | ates Bankruptcy Court for t | he: WESTERN DIS | STRICT OF NEW YORK | | |
| Case nur | mber | | | | ☐ Check if this is an amended filing |
| | Form 106E/F | s Wha Hava II | ncooured Claims | | 12/15 |
| | | | nsecured Claims | | 12/15 PRIORITY claims. List the other party to |
| Schedule (Schedule I left. Attach | G: Executory Contracts and U D: Creditors Who Have Claim | Jnexpired Leases (Offici s Secured by Property. I is page. If you have no i | al Form 106G). Do not include f more space is needed, copy t | any creditors with partially s the Part you need, fill it out, r | roperty (Official Form 106A/B) and on ecured claims that are listed in number the entries in the boxes on the op of any additional pages, write your |
| 1. Do an | y creditors have priority uns | ecured claims against y | ou? | | |
| ■ No | o. Go to Part 2. | | | | |
| ☐ Ye | .s | | | | |
| | . | | | | |
| Part 2: | List All of Your NONPRI | ORITY Unsecured Cla | aims | | |
| 3. Do an | y creditors have nonpriority | unsecured claims again | st you? | | |
| □ No | o. You have nothing to report in | this part. Submit this form | n to the court with your other sche | edules. | |
| ■ Ye | es. | | | | |
| unsec | ured claim, list the creditor sep one creditor holds a particular c | arately for each claim. For | | ype of claim it is. Do not list cla | or has more than one nonpriority ims already included in Part 1. If more aims fill out the Continuation Page of |
| | | | | | Total claim |
| 4.1 | Ally Financial | La | st 4 digits of account number | 8304 | \$0.00 |
| | Ionpriority Creditor's Name | | - | | |
| | Attn: Bankruptcy Po Box 380901 | 14/1 | nen was the debt incurred? | Opened 03/19 Last A 03/20 | active |
| | Bloomington, MN 55438 | | ien was the dept incurred? | 03/20 | |
| | lumber Street City State Zip Co | | of the date you file, the claim i | s: Check all that apply | |
| V | Vho incurred the debt? Check | cone. | | | |
| | Debtor 1 only | | Contingent | | |
| | Debtor 2 only | | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | | Disputed | | |
| | At least one of the debtors a | nd another Ty | pe of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a | community | Student loans | | |
| d | ebt s the claim subject to offset? | | Obligations arising out of a sepa | ration agreement or divorce the | at you did not |
| | No | | Debts to pension or profit-sharin | g plans, and other similar debt | S |
| | ☐Yes | | Other. Specify Automobile |) | |

| 4.2 | Ally Financial | Last 4 digits of account number | 8831 | \$0.00 |
|-----|--|---|--|--------|
| | Nonpriority Creditor's Name | _ | | |
| | Attn: Bankruptcy Po Box 380901 | When was the debt incurred? | Opened 02/19 Last Active | |
| | Bloomington, MN 55438 | when was the dept incurred? | 03/20 | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | | Type of NONPRIORITY unsecured | d claim: | |
| | At least one of the debtors and another | Student loans | a Glaiiii. | |
| | ☐ Check if this claim is for a community debt | _ | | |
| | Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other Specify Automobile | . | |
| | La res | Other. Specify Automobile | · | |
| 4.3 | Ally Financial | Last 4 digits of account number | 1949 | \$0.00 |
| | Nonpriority Creditor's Name | | | Ψ0.00 |
| | Attn: Bankruptcy | | Opened 03/13 Last Active | |
| | Po Box 380901 | When was the debt incurred? | 12/15 | |
| | Bloomington, MN 55438 Number Street City State Zip Code | As of the data you file the plains | or Charle all that and h | |
| | Who incurred the debt? Check one. | As of the date you file, the claim i | s: Cneck all that apply | |
| | Debtor 1 only | _ | | |
| | | Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Automobile | • | |
| | | | | |
| 4.4 | BB&T Nonpriority Creditor's Name | Last 4 digits of account number | 8708 | \$0.00 |
| | Attn: Bankruptcy | | Opened 11/12 Last Active | |
| | Po Box 1847 | When was the debt incurred? | 02/18 | |
| | Wilson, NC 27894 | | | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | debt | | | |
| | Is the claim subject to offset? | | | |
| | No | | g plans, and other similar debts | |
| | Yes | Other. Specify Secured | | |
| | ■ No | Debts to pension or profit-sharin Other. Specify Secured | g plans, and other similar debts | |

| 4.5 | Capital One | Last 4 digits of account number | 6493 | \$1,611.00 |
|-----|--|---|---|------------|
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 | When was the debt incurred? | Opened 11/08 Last Active 7/15/21 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.6 | Capital One | Last 4 digits of account number | 2978 | \$437.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 02/18 Last Active 7/16/21 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | |
| | Yes | Other. Specify Charge Acc | count | |
| 4.7 | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 5135 | \$185.00 |
| | Po Box 31293 Salt Lake City, UT 84131 | When was the debt incurred? | Opened 06/16 Last Active 08/21 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | | · | | |

| 4.8 | Capital One/boscovs Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? ■ No □ Yes | When was the debt incurred? As of the date you file, the claim i Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a separeport as priority claims Debts to pension or profit-sharin Other, Specify Charge Acc | d claim: ration agreement or divorce that you did not g plans, and other similar debts | \$0.00 | |
|----------|--|--|--|------------|--|
| 4.9 | Cbna | Last 4 digits of account number | 7859 | \$2,064.00 | |
| 4.9 | Nonpriority Creditor's Name Attn: Centralized Bankruptcy Po Box 790034 St. Louis, MO 63179 | When was the debt incurred? | Opened 07/17 Last Active 08/21 | φ2,004.00 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | |
| | ■ No | Debts to pension or profit-sharing | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | |
| 4.1 0 | Citibank/Best Buy Nonpriority Creditor's Name | Last 4 digits of account number | 7609 | \$3,796.00 | |
| | Citicorp Credit Srvs/Centralized Bk dept Po Box 790034 St Louis, MO 63179 | When was the debt incurred? | Opened 01/08 Last Active 6/24/21 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | | |
| | Check if this claim is for a community | _ | | | |
| | | | | | |
| | | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | |
| | | · | • • | | |
| | | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not g plans, and other similar debts | | |

| 4.1 1 | Citibank/The Home Depot | Last 4 digits of account number | 2266 | \$5,522.00 |
|----------|---|---|--|------------|
| | Nonpriority Creditor's Name Citicorp Credit Srvs/Centralized Bk dept Po Box 790034 | When was the debt incurred? | Opened 11/14 Last Active 6/18/21 | |
| | St Louis, MO 63179 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Charge Acc | count | |
| 4.1 | Comenity Bank | Last 4 digits of account number | 1750 | \$5,021.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 Number Street City State Zip Code | When was the debt incurred? As of the date you file, the claim | Opened 11/14 Last Active 6/25/21 | |
| | Who incurred the debt? Check one. | ,,,,,, | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | |
| | No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.1 3 | Comenity Bank | Last 4 digits of account number | 4940 | \$850.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 | When was the debt incurred? | Opened 01/14 Last Active 08/21 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify Credit Card | <u> </u> | |

| Comenity Bank/Victoria Secret | Last 4 digits of account number | 9977 | \$0.00 |
|--|---|--|---|
| Nonpriority Creditor's Name Attn: Bankruptcy | - When we the debt incorred? | Opened 05/10 Last Active | |
| | when was the dept incurred? | 07710 | |
| Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | Disputed | | |
| | • | d claim: | |
| | ☐ Student loans | | |
| debt | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | , | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| Yes | Other. Specify Charge Acc | count | |
| Compainty Pank/Viotoria Socret | | 0426 | \$0.00 |
| | Last 4 digits of account number | | φυ.υυ |
| Attn: Bankruptcy Po Box 182125 | When was the debt incurred? | Opened 01/20 Last Active 3/05/20 | |
| | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | , i.e. c. i.i.e aaie yeae, i.i.e eia | or or our an area appry | |
| Debtor 1 only | Contingent | | |
| Debtor 2 only | = | | |
| | <u> </u> | | |
| | • | d claim: | |
| | ☐ Student loans | | |
| debt | Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | autoria di autoria antico analysa dia not | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | |
| Yes | Other. Specify Charge Acc | count | |
| Community Bank Na | Last 4 digits of account number | 6244 | \$0.00 |
| | Last 4 digits of account number | | Ψ0.00 |
| Attn: Bankruptcy Dept | | Opened 08/11 Last Active | |
| Po Box 509 | When was the debt incurred? | 03/16 | |
| | As of the date you file the claim i | is: Check all that apply | |
| | As of the date you me, the claim | з. Спеск ан шасарру | |
| _ | Continues t | | |
| | | | |
| <u> </u> | | | |
| · | - | d alaim. | |
| At least one of the debtors and another | <u></u> ' | o ciaim: | |
| _ | ☐ Check if this claim is for a community ☐ Student loans | | |
| | _ | and the second s | |
| debt | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| | _ | · | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Comenity Bank/Victoria Secret Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Community Bank Na Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 509 Canton, NY 13617 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 coly Debtor 1 Creditor's Name Attn: Bankruptcy Dept Po Box 509 Canton, NY 13617 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Nopriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Contingent Vhen was the debt incurred? Last 4 digits of account number When was the debt incurred? Last 4 digits of account number When was the debt incurred? As of the date you file, the claim When was the debt incurred? Charge Acc Comenity Bank/Victoria Secret Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 2 only No Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 509 Canton, NY 13617 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 As of the date you file, the claim is: Check all that apply |

| 4.1 7 | Discover Financial | Last 4 digits of account number | 0575 | \$2,665.00 |
|----------|--|--|---|-------------|
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3025 | When was the debt incurred? | Opened 06/15 Last Active 08/21 | |
| | New Albany, OH 43054 | When was the debt incurred: | 00/21 | |
| | Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| | Who incurred the debt? Check one. ☐ Debtor 1 only | _ | | |
| | Debtor 1 only Debtor 2 only | ☐ Contingent | | |
| | <u> </u> | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| | At least one of the debtors and another | Student loans | u Ciaiiii. | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | |
| | ☐ Yes | Other. Specify Credit Card | <u> </u> | |
| 4.1 | Fedloan | Last 4 digits of account number | 0006 | \$76,789.00 |
| <u> </u> | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 60610 Harrisburg, PA 17106 | When was the debt incurred? | Opened 04/16 Last Active 7/01/21 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |
| | 55 | Educationa | ul | |
| 4.1 | | | | |
| 9 | Holiday Financial Serv | Last 4 digits of account number | | \$0.00 |
| | Nonpriority Creditor's Name 715 W 38th St Erie, PA 16508 | When was the debt incurred? | Opened 05/10 Last Active 3/17/11 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Auto | Goods And Other Collateral | |

Debtor 1 JOSEPH T. CUNNINGHAM
Debtor 2 KARI P. CUNNINGHAM Case number (if known)

| 1.2 | Inner Lakes Fcu | Last 4 digits of account number | 1883 | \$7,623.00 |
|-----|--|--|---|------------|
| | Nonpriority Creditor's Name | _ | Opened 03/11 Last Active | |
| | 19-21 E Main St Westfield, NY 14787 | When was the debt incurred? | 7/30/21 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | | |
| 2 | Inner Lakes Fcu | | 5001 | \$0.00 |
| | Nonpriority Creditor's Name | Last 4 digits of account number | | φυ.υι |
| | 19-21 East Main Street Westfield, NY 14787 | When was the debt incurred? | Opened 05/13 Last Active 04/19 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | _ | _ ' | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | <u></u> | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| | Yes | Other. Specify Unsecured | | |
| 1 | Inner Lakes Fcu | | 5002 | \$0.00 |
| | Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ0.00 |
| | 19-21 East Main Street Westfield, NY 14787 | When was the debt incurred? | Opened 11/15 Last Active 3/30/16 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | ■ Other. Specify Automobile | 9 | |

| 3 | Inner Lakes Fcu | Last 4 digits of account number | 4002 | \$0.00 |
|----------|--|---|--|--------|
| | Nonpriority Creditor's Name | - | Opened 04/67 1 = 1 A - 1 | |
| | 19-21 East Main Street Westfield, NY 14787 | When was the debt incurred? | Opened 01/17 Last Active 04/19 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Automobile | • | |
| 4.2 | Inner Lakes Fcu | Last 4 digits of account number | 4001 | \$0.00 |
| 4 | Nonpriority Creditor's Name | | | · |
| | 19-21 East Main Street Westfield, NY 14787 | When was the debt incurred? | Opened 01/17 Last Active 01/17 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | |
| | Yes | Other. Specify Automobile | 9 | |
| 4.2 5 | Inner Lakes Fcu | Last 4 digits of account number | 4003 | \$0.00 |
| | Nonpriority Creditor's Name | _ | | |
| | 19-21 East Main Street Westfield, NY 14787 | When was the debt incurred? | Opened 01/15 Last Active 03/16 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | | |
| | Yes | Other. Specify Automobile | 9 | |

Debtor 1 JOSEPH T. CUNNINGHAM

Debtor 2 KARI P. CUNNINGHAM Case number (if known)

| 4.2 | Inner Lakes Fcu | Last 4 digits of account number | 4002 | \$0.00 |
|-----|---|---|--|--------|
| | Nonpriority Creditor's Name | _ | Opened 01/15 Last Active | |
| | 19-21 East Main Street Westfield, NY 14787 | When was the debt incurred? | 01/16 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify Automobile | | |
| 1.2 | Inner Lakes Fcu | Lock A divite of account number | 4001 | \$0.00 |
| | Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ0.00 |
| | 19-21 East Main Street Westfield, NY 14787 | When was the debt incurred? | Opened 06/11 Last Active 01/15 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify Automobile | • | |
| .2 | Inner Lakes Fcu | Last 4 digits of account number | 4002 | \$0.00 |
| | Nonpriority Creditor's Name | _ | | |
| | 19-21 East Main Street Westfield, NY 14787 | When was the debt incurred? | Opened 02/12 Last Active 07/14 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | a plane, and other similar debts | |
| | ■ No | Debts to perision of profit-shariff | g plans, and other similar debts | |

Debtor 1 JOSEPH T. CUNNINGHAM
Debtor 2 KARI P. CUNNINGHAM Case number (if known)

| .2 | M&T Credit Services | Last 4 digits of account number | 0001 | \$0.00 |
|----|---|---|---|--------|
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 844 | When was the debt incurred? | Opened 11/10 Last Active 04/13 | |
| | Buffalo, NY 14240 Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Automobile | 9 | |
| 3 | North East Welch Fcu | Last 4 digits of account number | 4001 | \$0.00 |
| | Nonpriority Creditor's Name | | | Ψ0.00 |
| | 115 Clay St | | Opened 07/17 Last Active | |
| | North East, PA 16428 | When was the debt incurred? | 09/18 | |
| | Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Automobile | • | |
| 3 | North East Welch Fcu | Last 4 digits of account number | 4002 | \$0.00 |
| | Nonpriority Creditor's Name | | Opened 09/18 Last Active | |
| | 115 Clay St North East, PA 16428 | When was the debt incurred? | 02/19 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? ■ No | report as priority claims Debts to pension or profit-sharin | a plane, and other similar debte | |
| | - NO | THE REPORT OF THE PROPERTY OF | iu piano, anu pinei ollillai uedio | |

| 2 | Northwest Bank | Last 4 digits of account number | 8904 | \$0.00 |
|-----|--|--|--|--------|
| | Nonpriority Creditor's Name | _ | | |
| | Attn: Bankruptcy | W | Opened 11/14 Last Active | |
| | Po Box 128 Warren, PA 16365 | When was the debt incurred? | 12/14 | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | , | , | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | | | |
| | <u> </u> | Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Automobile | 3 | |
| 4.3 | OneMain Financial | Last 4 digits of account number | 4313 | \$0.00 |
| 3 | Nonpriority Creditor's Name | | | |
| | Attn: Bankruptcy | | Opened 06/19 Last Active | |
| | Po Box 3251 | When was the debt incurred? | 03/20 | |
| | Evansville, IN 47731 | - A | . 01 . 1 . 11 . 1 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Cneck all that apply | |
| | Debtor 1 only | | | |
| | | Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Unsecured | | |
| 4.3 | OneMain Financial | Last 4 digits of account number | 4313 | \$0.00 |
| | Nonpriority Creditor's Name | _ | | |
| | Attn: Bankruptcy | | Opened 10/18 Last Active | |
| | Po Box 3251 | When was the debt incurred? | 06/19 | |
| | Evansville, IN 47731 Number Street City State Zip Code | As of the date you file, the claim i | s. Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | з. Опеск ан так арргу | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | a plans, and other similar debts | |
| | ■ No | · | א פוניים, מווע טנוופי אווווומו עפטנא | |
| | Yes | Other. Specify Unsecured | | |

| 4.3 | OneMain Financial | Last 4 digits of account number | 4313 | \$0.00 |
|-----|--|---------------------------------------|---|-------------|
| ٠ | Nonpriority Creditor's Name | - | | |
| | Attn: Bankruptcy | When was the debt incurred? | Opened 03/16 Last Active | |
| | Po Box 3251 Evansville, IN 47731 | when was the debt incurred? | 09/18 | |
| | Number Street City State Zip Code | As of the date you file, the claim i | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | , | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Note Loan | | |
| 4.3 | OneMain Financial | | 0770 | \$0.00 |
| 6 | Nonpriority Creditor's Name | Last 4 digits of account number | | φυ.υυ |
| | Attn: Bankruptcy | | Opened 03/16 Last Active | |
| | Po Box 3251 | When was the debt incurred? | 02/17 | |
| | Evansville, IN 47731 | - Acceptant and a second and a second | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | | |
| | Debtor 1 only | П. | | |
| | ☐ Debtor 2 only | ☐ Contingent | | |
| | <u> </u> | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Unsecured | | |
| 4.3 | Southern Chautauqua Fe | Last 4 digits of account number | 0003 | \$16,900.00 |
| | Nonpriority Creditor's Name | | | |
| | 310 Fairmont Ave Jamestown, NY 14701 | When was the debt incurred? | Opened 03/20 Last Active 07/21 | |
| | Number Street City State Zip Code | As of the date you file, the claim i | | |
| | Who incurred the debt? Check one. | • | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | agreement of arrondo manyou and not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Unsecured | | |
| | | | | |

Debtor 1 JOSEPH T. CUNNINGHAM

Debtor 2 KARI P. CUNNINGHAM Case number (if known)

| ³ Sy | Syncb/Car Care Summi Nonpriority Creditor's Name Attn: Bankruptcy P.O. Box 965060 | Last 4 digits of account number 0817 | \$2,237.00 | |
|--|--|--|---|--------|
| At P. | | When was the debt incurred? | Opened 07/11 Last Active 8/06/21 | · |
| 3 S. No A. P. O. Nu W. | rlando, FL 32896 umber Street City State Zip Code no incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | |
| | Debtor 1 only | Пол | | |
| | Debtor 2 only | Contingent | | |
| _ | • | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d alaim. | |
| | At least one of the debtors and another | Student loans | d Claim. | |
| | Check if this claim is for a community | | resting agreement or diverge that you did not | |
| | the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Charge Acc | count | |
| 3 6, | yncb/PLCC | | 0169 | \$0.00 |
| 1 - | onpriority Creditor's Name | Last 4 digits of account number | | φυ.υυ |
| At Po | tn: Bankruptcy 5 Box 965060 | When was the debt incurred? | Opened 02/93 Last Active 5/18/18 | |
| Nu | rlando, FL 32896 umber Street City State Zip Code no incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| _ | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| de | • | ☐ Obligations arising out of a separeport as priority claims | | |
| | No | Debts to pension or profit-sharing | | |
| | Yes | ■ Other. Specify Charge Acc | | |
| S | yncb/walmart | Last 4 digits of account number | 1354 | \$0.00 |
| | onpriority Creditor's Name | | | |
| | o Box 965024 rlando, FL 32896 | When was the debt incurred? | Opened 05/08 Last Active 10/07/19 | |
| Nu | Imber Street City State Zip Code no incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| _ | Debtor 1 and Debtor 2 only | Disputed | | |
| _ | At least one of the debtors and another | Type of NONPRIORITY unsecured | | |
| | Check if this claim is for a community | ☐ Student loans | | |
| de | | ☐ Obligations arising out of a separeport as priority claims | | |
| | No | Debts to pension or profit-sharing | | |
| | Yes | ■ Other. Specify Charge Acc | count | |

Debtor 1 JOSEPH T. CUNNINGHAM
Debtor 2 KARI P. CUNNINGHAM Case number (if known)

| 4 5 | Synchrony Bank/ HH Gregg | Last 4 digits of account number | 9980 | \$0.00 |
|--------|---|--|---|--------|
| ı | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 | When was the debt incurred? | Opened 3/06/09 Last Active 12/26/12 | |
| 4 | Orlando, FL 32896 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | | |
| ı | Debtor 1 only | ☐ Contingent | | |
| I | Debtor 2 only | ☐ Unliquidated | | |
| I | □ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| | s the claim subject to offset? | report as priority claims | | |
| ı | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| I | Yes | Other. Specify Charge Account | | |
| | Synchrony Bank/ HH Gregg | Last 4 digits of account number | 5852 | \$0.00 |
| , I | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 | When was the debt incurred? | Opened 09/09 Last Active 02/10 | |
| 1 | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| I | Debtor 1 only | ☐ Contingent | | |
| [| Debtor 2 only | ☐ Unliquidated | | |
| I | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ı | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ı | ☐ Check if this claim is for a community | ☐ Student loans | | |
| C | debt s the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ı | No | Debts to pension or profit-sharin | | |
| I | ☐ Yes | Other. Specify Charge Acc | count | |
| | Synchrony Bank/Care Credit | Last 4 digits of account number | 7924 | \$0.0 |
| ı | Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896 | When was the debt incurred? | Opened 10/16 Last Active 3/08/20 | |
| 1 | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| ı | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| [| ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| ď | debt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | |
| I | No | Debts to pension or profit-sharing | | |
| ı | ☐ Yes | ■ Other. Specify Charge Account | | |

Debtor 1 JOSEPH T. CUNNINGHAM
Debtor 2 KARI P. CUNNINGHAM

| 4.4 4 | Synchrony Bank/Sams | Last 4 digits of account number 3456 | | \$5,174.00 | |
|----------|--|---|---|------------|--|
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 | When was the debt incurred? | Opened 12/09 Last Active 6/23/21 | | |
| | Orlando, FL 32896 | | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| | ■ No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | | |
| | Yes | Other. Specify Charge Acc | count | | |
| 4.4 | Synchrony Bank/Sams | Last 4 digits of account number | 7942 | \$0.00 | |
| 5 | Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ0.00 | |
| | Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 | When was the debt incurred? | Opened 12/08/09 Last Active 4/06/15 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| | No | Debts to pension or profit-sharin | ng plans, and other similar debts | | |
| | ■ No □ Yes | · | | | |
| | ☐ Yes | Other. Specify Charge Acc | count | | |
| 1.4 | Synchrony Bank/Yamaha | Last 4 digits of account number | 0947 | \$0.00 | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 | When was the debt incurred? | Opened 04/15 Last Active 01/20 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | | |
| | ☐ Yes | Other. Specify Secured | | | |

Debtor 1 JOSEPH T. CUNNINGHAM

Debtor 2 KARI P. CUNNINGHAM

| 4.4 7 | Tendto Credit Union | Last 4 digits of account number | 0001 | \$0.00 | | |
|----------|--|---|---|--------|--|--|
| | Nonpriority Creditor's Name | _ | | | | |
| | 1129 State St Erie, PA 16501 | When was the debt incurred? | Opened 01/11 Last Active 11/12 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ■ Debtor 1 and Debtor 2 only | Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | Yes | Other. Specify Automobile | | | | |
| 4.4 | Tendto Credit Union | Last 4 digits of account number | 0022 | \$0.00 | | |
| | Nonpriority Creditor's Name 1129 State St Erie, PA 16501 | When was the debt incurred? | Opened 03/16 Last Active 02/19 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ■ Debtor 1 and Debtor 2 only | Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | Yes | Other. Specify Automobile | • | | | |
| 4.4 9 | Tendto Credit Union | Last 4 digits of account number | 0021 | \$0.00 | | |
| | Nonpriority Creditor's Name | | One and 40/45 Leat Active | | | |
| | 1129 State St Erie, PA 16501 | When was the debt incurred? | Opened 12/15 Last Active 03/20 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | No | Debts to pension or profit-sharin | | | | |
| | Yes | Other. Specify Automobile |) | | | |

Debtor 1 JOSEPH T. CUNNINGHAM

KARI P. CUNNINGHAM

| 4.5 0 | Trac/CBCD/Citicorp | Last 4 digits of account number | 2793 | \$345.00 | |
|----------|---|--|---|----------|--|
| <u> </u> | Nonpriority Creditor's Name Citicorp Credit/Centralized Bankruptcy Po Box 6497 | When was the debt incurred? | Opened 04/16 Last Active 07/21 | | |
| | Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | |
| | Yes | Other. Specify Charge Acc | count | | |
| 4.5 | United Refining | Last 4 digits of account number | 4045 | \$0.00 | |
| | Nonpriority Creditor's Name Attn: Bankruptcy 15 Bradley St. Warren, PA 16365 | When was the debt incurred? | Opened 05/08 Last Active 6/20/08 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | \square Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | |
| | Yes | Other. Specify Charge Acc | count | | |
| 4.5 2 | United Refining | Last 4 digits of account number | 4728 | \$0.00 | |
| | Nonpriority Creditor's Name Attn: Bankruptcy 15 Bradley St. | When was the debt incurred? | Opened 01/10 Last Active 10/29/12 | | |
| | Warren, PA 16365 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | | |
| | No | ☐ Debts to pension or profit-sharin | | | |
| | Yes | Other. Specify Charge Acc | count | | |

Debtor 1 JOSEPH T. CUNNINGHAM KARI P. CUNNINGHAM

| 4.5 3 | United Refining | Last 4 digits of account number | 4045 | \$0.00 |
|----------|---|--|--|--------|
| | Nonpriority Creditor's Name Attn: Bankruptcy 15 Bradley St. | When was the debt incurred? | Opened 06/08 Last Active 10/29/09 | |
| | Warren, PA 16365 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Charge Acc | count | |
| 4.5 | USDOE/GLELSI | Last 4 digits of account number | 8581 | \$0.00 |
| 4 | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 7860 | When was the debt incurred? | Opened 09/10 Last Active 4/04/16 | |
| | Madison, WI 53707 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ☐ Other. Specify | | |
| | | Educationa | ıl | |
| 4.5 5 | USDOE/GLELSI | Last 4 digits of account number | 7577 | \$0.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 7860 Madison, WI 53707 | When was the debt incurred? | Opened 09/09 Last Active 4/04/16 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | ■ Student loans □ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | and the state of t | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □Yes | Other. Specify | | |
| | | Educationa | ıl | |

| Debtor 1 | JOSEPH T. CUNNINGHAM | | |
|----------|----------------------|------------------------|--|
| Debtor 2 | KARI P. CUNNINGHAM | Case number (if known) | |

| Last 4 digits of account number | 9239 | \$3,30 |
|---|---|---|
| When was the debt incurred? | Opened 02/11 Last Active 08/21 | |
| As of the date you file, the claim i | s: Check all that apply | |
| ☐ Contingent | | |
| ☐ Unliquidated | | |
| ☐ Disputed | | |
| Type of NONPRIORITY unsecured | I claim: | |
| ☐ Student loans | | |
| Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| Debts to pension or profit-sharin | g plans, and other similar debts | |
| ■ Other. Specify Charge Acc | ount | |
| When was the debt incurred? | Opened 9/08/10 Last Active 12/12/17 | |
| As of the data you file the claim i | Chook all that apply | |
| As of the date you me, the claim i | s. Oneck all triat apply | |
| ☐ Contingent | | |
| ŭ | | |
| ☐ Disputed | | |
| Type of NONPRIORITY unsecured | I claim: | |
| | | |
| ☐ Student loans | | |
| | ration agreement or divorce that you did not | |
| ☐ Obligations arising out of a sepa | | |
| | As of the date you file, the claim is Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a sepa report as priority claims Debts to pension or profit-sharing Other. Specify Charge Account number When was the debt incurred? As of the date you file, the claim is Contingent Unliquidated | As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Charge Account Last 4 digits of account number 1963 Opened 9/08/10 Last Active 12/12/17 As of the date you file, the claim is: Check all that apply Contingent Unliquidated |

5. notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|-----------------|-----|---|-----|-----------------|
| Total claims | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ 76,789.00 |

Debtor 1 JOSEPH T. CUNNINGHAM Debtor 2 KARI P. CUNNINGHAM

Case number (if known)

claims from Part 2

- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts 6g.
- Other. Add all other nonpriority unsecured claims. Write that amount here.
- Total Nonpriority. Add lines 6f through 6i.

| 6g. | \$ 0.00 |
|-----|-----------------|
| 6h. | \$ 0.00 |
| 6i. | \$ 57,735.00 |

134,524.00

| Fill in this infor | Fill in this information to identify your case: | | | | | | |
|---------------------|---|--------------------|-------------|--------------------------------------|--|--|--|
| Debtor 1 | | | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | KARI P. CUNNING | GHAM | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| | ankruptcy Court for the: | WESTERN DISTRICT O | OF NEW YORK | | | | |
| Case number _ | | | | ☐ Check if this is an amended filing | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or | company with | whom you have the | e contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-------------------|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| 2.3 | , | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | | | Oldio | | |
| | Name | | | | _ |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| 2.5 | - ity | | <u> </u> | 211 0000 | |
| | Name | | | | _ |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | <u> </u> |

| Fill in this in | formation to identify your | case: | | | |
|---------------------------------|--|------------------------------|--------------------------|---|--|
| Debtor 1 | JOSEPH T. CUNN | IINGHAM | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | KARI P. CUNNING | Middle Name | Last Name | | |
| | | WESTERN DISTRICT | | | |
| United States | s Bankruptcy Court for the: | WESTERN DISTRICT | OF NEW TORK | | |
| Case numbe | er | | | | Charle if this is an |
| (II KIIOWII) | | | | | Check if this is an amended filing |
| | | | | | 3 |
| Official | Form 106H | | | | |
| Schedu | ile H: Your Cod | ebtors | | | 12/15 |
| | nd case number (if known) bu have any codebtors? (If | | | as a codebtor. | |
| ■ No □ Yes | | | | | |
| | n the last 8 years, have you California, Idaho, Louisiana, | | | | tates and territories include |
| _ | to to line 3. Did your spouse, former spou | use, or legal equivalent liv | e with you at the time? | | |
| in line 2 | again as a codebtor only i 06D), Schedule E/F (Official | f that person is a guarar | ntor or cosigner. Make s | sure you have listed the | rith you. List the person shown creditor on Schedule D (Official hedule E/F, or Schedule G to fill |
| | olumn 1: Your codebtor me, Number, Street, City, State and Zl | P Code | | Column 2: The credit Check all schedules t | or to whom you owe the debt hat apply: |
| 3.1 | | | | ☐ Schedule D, line | |
| | me | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| Nu Cit | mber Street y | State | ZIP Code | - | |
| 3.2 | | | | ☐ Schedule D, line | |
| Na | ime | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| | mber Street | | | - | |
| Cit | у | State | ZIP Code | | |

| Fill in this information to | o identify your case: | |
|---------------------------------|---|---|
| Debtor 1 | JOSEPH T. CUNNINGHAM | |
| Debtor 2 (Spouse, if filing) | KARI P. CUNNINGHAM | |
| United States Bankrup | tcy Court for the: WESTERN DISTRICT OF NEW YORK | |
| Case number (If known) | | Check if this is: An amended filing A supplement showing postpetition chapter |
| Official Form | <u>106I</u> | 13 income as of the following date: MM / DD/ YYYY |

Schedule I: Your Income

12/15

7 YEARS

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Employment Part 1: Fill in your employment **Debtor 1** Debtor 2 or non-filing spouse information. Employed Employed If you have more than one job, **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. Occupation MED **TEACHER** Include part-time, seasonal, or JAMESTOWN CITY SCHOOL self-employed work. **TOWN OF WESTFIELD Employer's name** DISTRICT Occupation may include student or homemaker, if it applies. **Employer's address** 23 ELM ST. 197 MARTIN ROAD Westfield, NY 14787 Jamestown, NY 14701-5397

3 YEAES

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

How long employed there?

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 4,250.00 4,250.00 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 0.00 +\$ 3. 0.00 Calculate gross Income. Add line 2 + line 3. 4,250.00 4,250.00

| | | | | For | Debtor 1 | | ebtor 2 or iling spouse | |
|-----|---------------|--|--------|------|----------------|------|----------------------------|----------|
| | Сору | r line 4 here | 4. | \$ | 4,250.00 | \$ | 4,250.00 | |
| 5. | List a | all payroll deductions: | | | | | | |
| - | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 803.00 | \$ | 807.00 | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$_ | 0.00 | \$ | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 121.00 | \$ | 0.00 | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | 383.00 | |
| | 5e. | Insurance | 5e. | \$ | 0.00 | \$ | 0.00 | |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | 63.00 | |
| | 5g. | Union dues | 5g. | \$ | 0.00 | \$ | 0.00 | |
| | 5h. | Other deductions. Specify: DISABILITY | _ 5h.+ | - \$ | 352.00 | + \$ | 61.00 | |
| | | DEFERRED COMP | _ | \$ | 108.00 | \$ | 0.00 | |
| | | DENTAL INSURANCE | _ | \$ | 0.00 | \$ | 104.00 | |
| 6. | Add 1 | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 1,384.00 | \$ | 1,418.00 | |
| 7. | Calcu | ulate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 2,866.00 | \$ | 2,832.00 | |
| 8. | List a 8a. | All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | • | | |
| | 01 | monthly net income. | 8a. | \$_ | 0.00 | \$ | 0.00 | |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ | 0.00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | 0.00 | |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$ | 0.00 | |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$ | 0.00 | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ | 0.00 | \$ | 0.00 | |
| | 8g. | Pension or retirement income | – 8g. | \$- | 0.00 | \$ | 0.00 | |
| | 8h. | Other monthly income. Specify: | 8h.+ | · — | 0.00 | · — | 0.00 | |
| | · · · · | | | | 0.00 | | | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | 0.00 | |
| 10. | | ulate monthly income. Add line 7 + line 9. he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | | 2,866.00 + \$_ | 2,83 | = \$ | 5,698.00 |
| 11. | | | | | | | | |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certaines | | | | | | 5,698.00 |
| | | | | | | | Combine monthly | |
| 13. | Do yo | ou expect an increase or decrease within the year after you file this form' | ? | | | | , | |
| | _ | Yes. Explain: | | | | | | |
| | _ | | | | | | | |

| Fill | in this informa | ition to identify yo | our case: | | | 1 | | |
|------|--------------------------------|-------------------------------------|-------------------------|---|-----------------------|-----------------------|--|---|
| Deb | | JOSEPH T. O | | LI A BA | | Choc | k if this is: | |
| Deb | 101 1 | JUSEPH I. C | JUNINING | PITAIVI | | | An amended filing | |
| | tor 2 buse, if filing) | KARI P. CUN | ININGHA | M | | | A supplement show 13 expenses as of | ving postpetition chapter the following date: |
| `` | | runtov Court for the | WESTE | RN DISTRICT OF NEW Y | ∕ORK | _ | MM / DD / YYYY | |
| | | aptoy Court for the | WEOTE | INVESTIGION OF NEW 1 | Otti | | WIWI, 65, 1111 | |
| 1 | e number nown) | | | | | | | |
| Of | ficial Fo | rm 106J | | | | | | |
| So | chedule | J: Your | Exper | ises | | | | 12/1 |
| Be | as complete a | and accurate as | possible. eded, atta | If two married people ar ch another sheet to this | | | | |
| Par | | ribe Your House | hold | | | | | |
| 1. | Is this a joir | | | | | | | |
| | □ No. Go to | o line 2. es Debtor 2 live i | n a senar | ata housahold? | | | | |
| | | | ii a sepai | ate nousenou: | | | | |
| | ■ N □ Y | - | st file Offici | al Form 106J-2, <i>Expenses</i> | s for Separate House | e <i>hold</i> of Debt | or 2. | |
| 2. | Do you have | e dependents? | □ No | | | | | |
| | Do not list D Debtor 2. | • | Yes. | Fill out this information for each dependent | Dependent's relation | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | names. | | | Daughter | | | Yes |
| | | | | | Daughter | | 2 | □ No ■ Yes |
| | | | | | | | - - | ■ res |
| | | | | | Daughter | | 7 | Yes |
| | | | | | | | | □ No |
| 3. | Do your ext | oenses include | _ | | | | - | ☐ Yes |
| Ů. | expenses o | f people other the | nan 🗖 | No Yes | | | | |
| | yourself and | d your depende | nts? | 103 | | | | |
| exp | imate your ex | | our bankrı | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| | | | | government assistance i | | | | |
| | value of sucl icial Form 10 | | d have inc | cluded it on Schedule I: \ | our Income | | Your exp | enses |
| 4. | | or home owners | | ses for your residence. I | nclude first mortgage | e 4. \$ | | 1,520.00 |
| | If not include | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. \$ | | 0.00 |
| | | rty, homeowner's | | | | 4b. \$ | | 0.00 |
| | | maintenance, re owner's associat | | ipkeep expenses | | 4c. \$ 4d. \$ | | 100.00 |
| 5. | | | | our residence, such as ho | me equity loans | 4α. φ 5. \$ | | 0.00 0.00 |

JOSEPH T. CUNNINGHAM Debtor 1 Debtor 2 KARI P. CUNNINGHAM Case number (if known) **Utilities:** 6a. Electricity, heat, natural gas 6a. \$ 275.00 6b. Water, sewer, garbage collection 6b. \$ 0.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 375.00 6d. Other. Specify: 6d. \$ 0.00 Food and housekeeping supplies 7. \$ 450.00 Childcare and children's education costs 8. \$ 1,200.00 Clothing, laundry, and dry cleaning 9. \$ 125.00 Personal care products and services 10. \$ 90.00 Medical and dental expenses 150.00 11. 12. Transportation. Include gas, maintenance, bus or train fare. 430.00 12. \$ Do not include car payments. 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 95.00 14. Charitable contributions and religious donations 14. \$ 0.00 Do not include insurance deducted from your pay or included in lines 4 or 20. 0.00 15a. Life insurance 15a. \$ 15b. Health insurance 15b. \$ 0.00 15c. Vehicle insurance 15c. \$ 0.00 15d. Other insurance. Specify: 15d. \$ 0.00 16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20. 16. \$ 0.00 Installment or lease payments: 17a. Car payments for Vehicle 1 17a. \$ 0.00 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify: 17c. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 18. Your payments of alimony, maintenance, and support that you did not report as 0.00 18. \$ deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 0.00 Other payments you make to support others who do not live with you. 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 0.00 20a. Mortgages on other property 20a. \$ 20b. \$ 20b. Real estate taxes 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 21. Other: Specify: Misc 21. +\$ 150.00 22. Calculate your monthly expenses 4,960.00 22a. Add lines 4 through 21. 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 \$ 22c. Add line 22a and 22b. The result is your monthly expenses. 4.960.00 23. Calculate your monthly net income. 23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 5,698.00 23b. Copy your monthly expenses from line 22c above. 23b. -\$ 4.960.00

| 23c. | Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . 23c. | \$ 738.00 | |
|------------------|--|-----------|--|
| For ex modifi | bu expect an increase or decrease in your expenses within the year after you file this ample, do you expect to finish paying for your car loan within the year or do you expect your mortgage parties to the terms of your mortgage? | | |
| ■ No | | | |
| □ Ye | s. Explain here: | | |
| | | | |

| Fill in this intor | mation to identify your | case. | | | |
|--|---|--|---|---|---|
| | | | | | |
| Debtor 1 | JOSEPH T. CUNN First Name | Middle Name | Last Name | | |
| Debtor 2 | KARI P. CUNNING | GHAM | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States B | ankruptcy Court for the: | WESTERN DISTRIC | CT OF NEW YORK | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Official For | m 106Daa | | | | |
| Official For | | | al Dalataria C | - | |
| Declara | tion About a | in individu | al Debtor's S | cnedules | 12/15 |
| obtaining mone | y or property by fraud in | n connection with a b | | | atement, concealing property, or ,000, or imprisonment for up to 20 |
| obtaining mone years, or both. 1 | | n connection with a b | | | |
| obtaining mone years, or both. ? | y or property by fraud ii 8 U.S.C. §§ 152, 1341, 1 In Below | n connection with a b | | t in fines up to \$250, | ,000, or imprisonment for up to 20 |
| obtaining mone years, or both. ? | y or property by fraud ii 8 U.S.C. §§ 152, 1341, 1 In Below | n connection with a b | ankruptcy case can resul | t in fines up to \$250, | ,000, or imprisonment for up to 20 |
| obtaining mone years, or both. Sig | y or property by fraud in I8 U.S.C. §§ 152, 1341, 1 in Below | n connection with a b | ankruptcy case can resul | t in fines up to \$250, | ,000, or imprisonment for up to 20 |
| obtaining mone years, or both. Sig | y or property by fraud ii 8 U.S.C. §§ 152, 1341, 1 In Below | n connection with a b | ankruptcy case can resul | bankruptcy forms? | ,000, or imprisonment for up to 20 |
| Did you pa | y or property by fraud in I8 U.S.C. §§ 152, 1341, 1 in Below ay or agree to pay some | n connection with a b | ankruptcy case can resul | bankruptcy forms? Attach Bancelarati | ankruptcy Petition Preparer's Notice, on, and Signature (Official Form 119) |
| obtaining mone years, or both. The state of the years of both. The state of the years of the yea | y or property by fraud in I8 U.S.C. §§ 152, 1341, 1 in Below ay or agree to pay some Name of person alty of perjury, I declare | n connection with a b 1519, and 3571. | ttorney to help you fill out | bankruptcy forms? Attach Bancelarati | ankruptcy Petition Preparer's Notice, on, and Signature (Official Form 119) |
| Did you pa No Yes. Under penathat they an X /s/ JO JOSE | y or property by fraud in 18 U.S.C. §§ 152, 1341, 1 in Below ay or agree to pay some Name of person alty of perjury, I declare true and correct. SEPH T. CUNNINGHAM PH T. CUNNINGHAM | n connection with a b 1519, and 3571. | ttorney to help you fill out summary and schedules fi | bankruptcy forms? Attach Bankruptcy forms? Attach Bankruptcy forms? Attach Bankruptcy forms? | ankruptcy Petition Preparer's Notice, on, and Signature (Official Form 119) |
| Did you pa No Yes. Under penathat they an X /s/ JO JOSE | y or property by fraud in 18 U.S.C. §§ 152, 1341, 1 in Below ay or agree to pay some Name of person alty of perjury, I declare true and correct. SEPH T. CUNNINGHA | n connection with a b 1519, and 3571. | ttorney to help you fill out | bankruptcy forms? Attach Bankruptcy forms? Attach Bankruptcy forms? Attach Bankruptcy forms? | ankruptcy Petition Preparer's Notice, on, and Signature (Official Form 119) |

| Fill | in this inform | nation to identify you | r case. | | | |
|----------------------|---|--|--|---|---|---|
| | otor 1 | | | | | |
| Den | itor i | First Name | Middle Name | Last Name | | |
| | otor 2 | KARI P. CUNNIN | • | | | |
| (Spoi | use if, filing) | First Name | Middle Name | Last Name | | |
| Unit | ed States Bai | nkruptcy Court for the: | WESTERN DISTRICT OF | NEW YORK | | |
| Cas (if kn | e number | | | | | heck if this is an mended filing |
| Sta Be a infor | s complete a | of Financial | attach a separate sheet to | re filing together, both are | ankruptcy equally responsible for sup y additional pages, write you | |
| Par | Give D | etails About Your Ma | rital Status and Where You | Lived Before | | |
| 1. | What is you | current marital statu | ıs? | | | |
| | ■ Married□ Not mar | ried | | | | |
| 2. | During the la | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No □ Yes. Lis | t all of the places you li | ived in the last 3 years. Do no | ot include where you live now | <i>i</i> . | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | | | | | ity property state or territory ico, Texas, Washington and W | |
| | | · | nedule H: Your Codebtors (Of | ficial Form 106H). | | |
| Par | Explai | n the Sources of You | r Income | | | |
| 4. | Fill in the total | al amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part | | ndar years? |
| | □ No ■ Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$68,000.00 | ☐ Wages, commissions, bonuses, tips | \$0.00 |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

Debtor 1 JOSEPH T. CUNNINGHAM

Debtor 2 KARI P. CUNNINGHAM Case number (if known)

| | | | | Debtor 1 | | Debtor 2 | | | |
|-----|--------------------------|--|---|---|--|--|---------------------------------------|---|--|
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inc Check all that a | | Gross income (before deductions and exclusions) | |
| | | ■ Wages, commissions, bonuses, tips | ragar, commercial, | | imissions, | \$0.00 | | | |
| | | | | ☐ Operating a business | | ☐ Operating a | business | | |
| | | dar year be December | | ■ Wages, commissions, bonuses, tips | \$93,888.00 | ☐ Wages, combonuses, tips | missions, | \$0.00 | |
| | | | | ☐ Operating a business | | ☐ Operating a | business | | |
| | winnings. List each No | If you are fil | ing a joint cas | pensions; rental income; inte se and you have income that ome from each source separa | you received together, list i | t only once under De | ebtor 1. | a gambing and lottery | |
| | | | | Debtor 1 | | Debtor 2 | | | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inc Describe below | | Gross income (before deductions and exclusions) | |
| Pai | rt 3: Lis | t Certain Pa | ayments You | Made Before You Filed for | Bankruptcy | | | | |
| 6. | □ No. | Neither D individual During the No. Yes * Subject | ebtor 1 nor E primarily for a 90 days befor Go to line 7 List below of paid that cr not include to adjustmen | each creditor to whom you pa editor. Do not include paymer payments to an attorney for t t on 4/01/22 and every 3 year | umer debts. Consumer de ld purpose." id you pay any creditor a to id a total of \$6,825* or mornts for domestic support ob his bankruptcy case. s after that for cases filed of | tal of \$6,825* or mo e in one or more pay ligations, such as ch | re? vments and t illd support a | he total amount you and alimony. Also, do | |
| | ■ Yes. | | | r both have primarily consure you filed for bankruptcy, d | | tal of \$600 or more? | | | |
| | | ■ No. | Go to line 7 | • | | | | | |
| | | □ Yes | include pay | each creditor to whom you pa ments for domestic support o this bankruptcy case. | | | | | |
| | Creditor | 's Name an | d Address | Dates of payme | | Amount you | Was this p | payment for | |
| | | | | | paid | still owe | | | |

| _ | otor 1 otor 2 | JOSEPH T. CUNNINGHAM KARI P. CUNNINGHAM | | | Cas | se number (| f known) | | |
|-----|--|---|-------------------|--|--|-------------------------------|---------------------|----------------------------|---|
| 7. | <i>Inside</i> of whi | n 1 year before you filed for bankrupters include your relatives; any general paich you are an officer, director, person in iness you operate as a sole proprietor. 1 ny. | artners contro | ; relatives of any ge ol, or owner of 20% | neral partners; partners or more of their voting | erships of w g securities; | hich you and any | are a genera managing a | al partner; corporations agent, including one fo |
| | _ | No Yes. List all payments to an insider. | | | | | | | |
| | Insid | der's Name and Address | Date | es of payment | Total amount paid | Amount still | you owe | Reason for | this payment |
| 8. | inside | n 1 year before you filed for bankrupt er? de payments on debts guaranteed or cos | - | | yments or transfer a | any propert | y on acc | count of a d | ebt that benefited an |
| | | No | | | | | | | |
| | | Yes. List all payments to an insider | | | | | | | |
| | Insid | der's Name and Address | Date | es of payment | Total amount paid | Amount still | you owe | Reason for Include cred | this payment litor's name |
| Par | t 4: | Identify Legal Actions, Repossession | ns, and | d Foreclosures | | | | | |
| | modifi | Il such matters, including personal injury ications, and contract disputes. No Yes. Fill in the details. e title e number | | , small claims actio | ns, divorces, collection | n suits, pate | ernity act | ions, suppor | |
| | Check | n 1 year before you filed for bankruptook all that apply and fill in the details below | | s any of your prop | perty repossessed, f | oreclosed, | garnish | ed, attached | d, seized, or levied? |
| | ` | Yes. Fill in the information below. | | | | | | | |
| | Cred | litor Name and Address | Des | cribe the Property | | | Date | | Value of the property |
| | | | Exp | lain what happene | ed | | | | |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? | | | | | | | | |
| | _ | No Yes. Fill in the details. | | | | | | | |
| | _ | litor Name and Address | Des | cribe the action th | e creditor took | | Date a | ction was | Amount |
| 12. | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? | | | | | | | | |
| | | No | | | | | | | |
| | | Yes | | | | | | | |
| Par | t 5: | List Certain Gifts and Contributions | | | | | | | |
| 13. | _ | n 2 years before you filed for bankrup No | tcy, d | id you give any gif | ts with a total value | of more th | an \$600 | per person' | ? |
| | _ | Yes. Fill in the details for each gift. | | | | | | | |
| | | s with a total value of more than \$600 person | | Describe the gifts | S | | Dates y | ou gave | Value |
| | | on to Whom You Gave the Gift and ress: | | | | | | | |

| De | btor 2 KARI P. CUNNINGHAM | | | Case number (| if known) | |
|-----|---|-----------------|---|-----------------|--|---------------------------|
| 14. | Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift or co | | | ns with a total | l value of more than | \$600 to any charity? |
| | Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | otal | Describe what you contributed | | Dates you contributed | Value |
| Pai | t 6: List Certain Losses | | | | | |
| 15. | Within 1 year before you filed for bankrup or gambling? | tcy or | since you filed for bankruptcy, did y | you lose anytl | hing because of the | ft, fire, other disaster |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | how the loss occurred | Include | be any insurance coverage for the lot the amount that insurance has paid. L ce claims on line 33 of Schedule A/B: | _ist pending | Date of your loss | Value of property lost |
| Pa | tt 7: List Certain Payments or Transfers | | | | | |
| 16. | Within 1 year before you filed for bankrup consulted about seeking bankruptcy or produced any attorneys, bankruptcy petition produced in the details. | reparin | ng a bankruptcy petition? | | | rty to anyone you |
| | Yes. Fill in the details. Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo | ou | Description and value of any prop transferred | perty | Date payment or transfer was made | Amount of payment |
| | Scott F. Humble, Esq. Seven Jackson Avenue, W. E. Jamestown, NY 14701 | | Attorney Fees | | | \$2,000.00 |
| 17. | Within 1 year before you filed for bankrup promised to help you deal with your credi Do not include any payment or transfer that y | itors o | to make payments to your creditor | | r transfer any prope | rty to anyone who |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Person Who Was Paid Address | | Description and value of any prop transferred | erty | Date payment or transfer was made | Amount of payment |
| 18. | Within 2 years before you filed for bankru transferred in the ordinary course of your Include both outright transfers and transfers include gifts and transfers that you have alrest No | busin made a | ess or financial affairs? as security (such as the granting of a s | | • • • | |
| | Yes. Fill in the details. | | | | | |
| | Person Who Received Transfer Address | | Description and value of property transferred | | any property or received or debts change | Date transfer was made |
| | Person's relationship to you | | | | | |

Case number (if known)

| 19. | Within 10 years before you filed for bankruptc beneficiary? (These are often called asset-protection No ☐ Yes. Fill in the details. | | y property to a | self-settle | d trust or similar device o | f which you are a |
|-----|---|---|----------------------------|-------------|---|---|
| | Name of trust | Description and v | alue of the prop | erty trans | ferred | Date Transfer was made |
| Par | List of Certain Financial Accounts, Instr | ruments, Safe Deposit | Boxes, and Sto | orage Unit | s | |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or chouses, pension funds, cooperatives, associa ■ No □ Yes. Fill in the details. | other financial accour | nts; certificates | of deposit | | |
| | | ast 4 digits of account number | Type of account instrument | int or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables? | ar before you filed for | bankruptcy, an | y safe dep | oosit box or other deposit | ory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, State and ZIP Code) | | Describe | the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or p | place other than your | home within 1 | year befor | e you filed for bankruptcy | /? |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, St State and ZIP Code) | | Describe | the contents | Do you still have it? |
| Par | 19: Identify Property You Hold or Control fo | r Someone Else | | | | |
| 23. | Do you hold or control any property that some for someone. | eone else owns? Inclu | ide any propert | y you borr | owed from, are storing fo | r, or hold in trust |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe | the property | Value |
| Par | 110: Give Details About Environmental Inform | mation | | | | |
| For | the purpose of Part 10, the following definition | s apply: | | | | |
| | Environmental law means any federal, state, o toxic substances, wastes, or material into the regulations controlling the cleanup of these so | air, land, soil, surface | water, ground | | | |
| | Site means any location, facility, or property a to own, operate, or utilize it, including disposa | s defined under any e | | aw, wheth | er you now own, operate, | or utilize it or used |
| | Hazardous material means anything an enviro hazardous material, pollutant, contaminant, or | | as a hazardous | waste, ha | zardous substance, toxic | substance, |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

| 24. | 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No | | | | | | | |
|-----|---|--|--|-----------|--|--------------------|--|--|
| | _ | s. Fill in the details. | | | | | | |
| | Name Addre | of site SS (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice | | |
| 25. | Have ye | ou notified any governmental unit of | any release of hazardous material? | | | | | |
| | ■ No | o es. Fill in the details. | | | | | | |
| | Name Addre | of site SS (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice | | |
| 26. | Have y | ou been a party in any judicial or adm | ninistrative proceeding under any envi | ron | mental law? Include settlements a | nd orders. | | |
| | ■ No | o es. Fill in the details. | | | | | | |
| | Case I | Fitle Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ture of the case | Status of the case | | |
| Par | t 11: | Give Details About Your Business or 0 | Connections to Any Business | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? | | | | | | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | |
| | ☐ A partner in a partnership | | | | | | | |
| | | An officer, director, or managing exe | ecutive of a corporation | | | | | |
| | | An owner of at least 5% of the voting | g or equity securities of a corporation | | | | | |
| | ■ No | o. None of the above applies. Go to P | Part 12. | | | | | |
| | ☐ Ye | es. Check all that apply above and fill | in the details below for each business | S. | | | | |
| | | ess Name | Describe the nature of the business | | Employer Identification number | | | |
| | Addre: (Number | r, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | | Do not include Social Security r Dates business existed | iumber of ITIN. | | |
| 28. | | 2 years before you filed for bankruptoions, creditors, or other parties. | cy, did you give a financial statement t | to a | nyone about your business? Inclu | de all financial | | |
| | ■ No | o es. Fill in the details below. | | | | | | |
| | Name Addre | SS r, Street, City, State and ZIP Code) | Date Issued | | | | | |
| | | | | | | | | |

| Debtor 1 Debtor 2 | JOSEPH T. CUNNINGHAM KARI P. CUNNINGHAM | | Case number (if | ^r known) | | |
|-----------------------|---|-----------------------|--|--|--|--|
| | | | | | | |
| Part 12: | Sign Below | | | | | |
| are true a with a bar | d the answers on this <i>Statement of Financial A</i> nd correct. I understand that making a false stankruptcy case can result in fines up to \$250,000 §§ 152, 1341, 1519, and 3571. | tement | , concealing property, or obtaining mo | ney or property by fraud in connection | | |
| /s/ JOSE | PH T. CUNNINGHAM | /s/ K/ | RI P. CUNNINGHAM | | | |
| JOSEPH | T. CUNNINGHAM | KARI P. CUNNINGHAM | | | | |
| Signatur | e of Debtor 1 | Signature of Debtor 2 | | | | |
| Date A | ugust 26, 2021 | Date | August 26, 2021 | | | |
| Did you and No ☐ Yes | ttach additional pages to Your Statement of Fin | ancial . | Affairs for Individuals Filing for Bankru | <i>uptcy</i> (Official Form 107)? | | |
| Did you p ■ No | ay or agree to pay someone who is not an atto | ney to | nelp you fill out bankruptcy forms? | | | |
| ☐ Yes. Na | ame of Person Attach the Bankruptcy Peti | tion Pre | parer's Notice, Declaration, and Signature | (Official Form 119). | | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$78 | administrative fee |
| + \$15 | trustee surcharge |
| \$338 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$278 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$313 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Western District of New York

| JOSEPH T. CUNNINGHAM In re KARI P. CUNNINGHAM | | | Case No. | |
|---|---|---|--|------------------------------------|
| | | Debtor(s) | Chapter | 13 |
| | DISCLOSURE OF COMPEN | SATION OF ATTO | RNEY FOR DE | CBTOR(S) |
| C | cursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(lompensation paid to me within one year before the filing rendered on behalf of the debtor(s) in contemplation o | g of the petition in bankruptcy | , or agreed to be paid | to me, for services rendered or to |
| | • | | | 4,000.00 |
| | Prior to the filing of this statement I have received | | | 2,000.00 |
| | Balance Due | | \$ | 2,000.00 |
| 2. T | he source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 3. T | he source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. I | I have not agreed to share the above-disclosed compe | ensation with any other person | unless they are mem | bers and associates of my law firm |
| [| I have agreed to share the above-disclosed compensations of the agreement, together with a list of the name | | | |
| 5. I | n return for the above-disclosed fee, I have agreed to rer | nder legal service for all aspec | ts of the bankruptcy c | ase, including: |
| b c. | Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, state Representation of the debtor at the meeting of creditor [Other provisions as needed] | ment of affairs and plan which | h may be required; | |
| 6. B | y agreement with the debtor(s), the above-disclosed fee | does not include the following | g service: | |
| | | CERTIFICATION | | |
| | certify that the foregoing is a complete statement of any nkruptcy proceeding. | agreement or arrangement for | r payment to me for re | epresentation of the debtor(s) in |
| | gust 26, 2021 | /s/ Scott F. Humb | | |
| Date | | Scott F. Humble, Signature of Attorno Scott F. Humble, Seven Jackson | _{ey} Esq. Avenue, W. E. | |
| | | Jamestown, NY (716) 664-2889 Name of law firm | 14701 | |

United States Bankruptcy Court Western District of New York

| | JOSEPH T. CUNNINGHAM | | | | | | | | |
|--|----------------------|---|----------|-----|--|--|--|--|--|
| In re | KARI P. CUNNINGHAM | | Case No. | | | | | | |
| | | Debtor(s) | Chapter | _13 | | | | | |
| VERIFICATION OF CREDITOR MATRIX The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge. | | | | | | | | | |
| Date: | August 26, 2021 | Joseph T. Cunningham Joseph T. Cunningham Signature of Debtor | | | | | | | |
| Date: | August 26, 2021 | /s/ KARI P. CUNNINGHAM KARI P. CUNNINGHAM | | | | | | | |

Signature of Debtor

21st Mortgage Corp Attn: Bankruptcy 620 Market Street Knoxville, TN 37902

Ally Financial Attn: Bankruptcy Po Box 380901 Bloomington, MN 55438

BB&T Attn: Bankruptcy Po Box 1847 Wilson, NC 27894

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Po Box 31293 Salt Lake City, UT 84131

Capital One/boscovs Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Cbna
Attn: Centralized Bankruptcy
Po Box 790034
St. Louis, MO 63179

Citibank/Best Buy Citicorp Credit Srvs/Centralized Bk dept Po Box 790034 St Louis, MO 63179

Citibank/The Home Depot Citicorp Credit Srvs/Centralized Bk dept Po Box 790034 St Louis, MO 63179 Comenity Bank Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Comenity Bank/Victoria Secret Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Community Bank Na Attn: Bankruptcy Dept Po Box 509 Canton, NY 13617

Discover Financial Attn: Bankruptcy Po Box 3025 New Albany, OH 43054

Fedloan Attn: Bankruptcy Po Box 60610 Harrisburg, PA 17106

Freedom Road Financial Attn: Bankruptcy Po Box 4597 Oak Brook, IL 60522

Holiday Financial Serv 715 W 38th St Erie, PA 16508

Inner Lakes Fcu 19-21 E Main St Westfield, NY 14787

Inner Lakes Fcu 19-21 East Main Street Westfield, NY 14787

M&T Credit Services Attn: Bankruptcy Po Box 844 Buffalo, NY 14240 North East Welch Fcu 115 Clay St North East, PA 16428

Northwest Bank Attn: Bankruptcy Po Box 128 Warren, PA 16365

OneMain Financial Attn: Bankruptcy Po Box 3251 Evansville, IN 47731

SOUTHERN CHAUTAUQUA FCU 168 FAIRMOUNT AVE. Lakewood, NY 14750

SOUTHERN CHAUTAUQUA FCU 168 East Fairmount Ave. LAKEWOOD, NY 14750

Southern Chautauqua Fe 310 Fairmont Ave Jamestown, NY 14701

Syncb/Car Care Summi Attn: Bankruptcy P.O. Box 965060 Orlando, FL 32896

Syncb/PLCC Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Syncb/walmart Po Box 965024 Orlando, FL 32896

Synchrony Bank/ HH Gregg Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 Synchrony Bank/Care Credit Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Synchrony Bank/Sams Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Yamaha Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Tendto Credit Union 1129 State St Erie, PA 16501

Trac/CBCD/Citicorp Citicorp Credit/Centralized Bankruptcy Po Box 6497 Sioux Falls, SD 57117

United Refining Attn: Bankruptcy 15 Bradley St. Warren, PA 16365

USDOE/GLELSI Attn: Bankruptcy Po Box 7860 Madison, WI 53707

Wells Fargo/Furniture Marketing Group Attn: Bankruptcy
Po Box 10438 Mac F8235-02f
Des Moines, IA 50306

World's Foremost Bank 4800 Nw 1st Street Suite 300 Lincoln, NE 68521